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February 15, 2007

Fax

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Examiner James H. Blackwell

Organization:

United States Patent and Trademark Office

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1-571-273-8300

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Michael O. Scheinberg

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Date:

February 15, 2007

Subject:

Response to Notice of Non-Compliant Amendment

Docket No.:

C069

Pages:

5 (including this coversheet)

APPLICATION NO.:

10/673,674

ART UNIT: 2176

APPLICANT:

Michael D. Hitchcock

EXAMINER: James H. Blackwell

FILING DATE:

09/29/2003

TITLE:

Universal Forms Engine

Comments:

In connection with the above-identified patent application, applicants submit the following:

- 1. Response to Notice of Non-Compliant Amendment († p.)
- 2. Fee Transmittal (in duplicate) (1 p.)
- 3. Petition for Two Month Extension of Time (in duplicate) (1 p.)
- 4. Form PTO-2038 (1 p.)

Michael O. Scheinberg Patent Reg. No. 36,919

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PAGE 1/15* RCVD AT 2/15/2007 6:35:15 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-5/9 * DNIS:2738300 * CSID:512 476 1513 * DURATION (mm-ss):02-44

Feb. 15. 2007 5:35PM

FEB 1 5 2007

No. 5885

PTO/SB/17 (07-06)
Approved for use through 01/31/2007. OMB 0651-0032
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FEE TRANSMITTAL FOR FY 2006 Application Number 10/673,674 Filing Date 09/29/2003 First Named Inventor Michael D. Hitchcock Examiner Name James H. Blackwell Art Unit 2176 Attorney Docket No. C069 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
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Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 225.00 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card
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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES
FILING FEES SEARCH FFES EXAMINATION FEES
Small Entity Small Entity Small Entity Application Type Fee (\$)
Utility 300 150 500 250 200 100
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0 0
2. EXCESS CLAIM FEES Small Entity
Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100
Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180
Total Claims
20 or HP = x = Fee (\$) Fee Paid (\$)
HP = highest number of total dalms paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
-3 or HP = x =
MP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = / 50 = (round up to a whole number) x
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)
Other (e.g., late filing surcharge): Petition for 2 Months Extension of Time 225.00
SUBMITTED BY
Signature Mul O H Registration No. (Attorney/Agent) 36,919 Telephone (512) 476-0005
Name (Print/Type) Michael O. Scheinberg Date February 15, 2007

This collection of Information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patern and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuent to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/673,674 TRANSMITTA Filing Date 09/29/2003 For FY 2006 First Named Inventor Michael D. Hitchcock Examiner Name James H. Blackwell Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2176 TOTAL AMOUNT OF PAYMENT 225.00 Attorney Docket No. C069 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 50-1635 Deposit Account Name: Michael O. Scheinberg For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) 300 Utility 150 500 200 250 100 Design 200 100 100 50 130 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20, Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = HP = highest number of Independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Total Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) Fee (\$) (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for 2 Mouths Extension of Time 225.00 SUBMITTED BY

Signature Registration No. (Attorney/Agent) 36,919 Telephone (512) 476-0005

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